



Modified 02-03

PTO/SB/21 (01-03)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application / Conf. No.	10/082,490 / 3728
	Filing Date	February 22, 2002
	First Named Inventor	Warren E. Cory
	Examiner Name	Freshteh N. Aghdam
	Art Unit	2631
	Patent No.	
Mail Stop: AF	Attorney Docket Number	X-1054 US
Express Mail Receipt No.		
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (with Recordation Cover Sheet)	<input type="checkbox"/> After Allowance Communication to
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration / Oath	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavit(s)/declaration(s)	<input type="checkbox"/> Petition -	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Change Status to LARGE ENTITY	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	1. Pre-Appeal Brief Request For Review
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	2. Pre-Appeal Conference Brief (4 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Substitute PTO-1449(s) IDS by Applicant (PTO/SB/08A)	Remarks	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Customer Number	24309 (Customer Number)	Reg. Number 51,959
Attn: Justin Liu		
Signature		
Date	March 9, 2006	Charge any additional fees required/credit any overpayment to our Deposit Account Number: 24-0040

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on this date:			
Typed or Printed Name	Julie Matthews		
Signature		Date	March 9, 2006

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PTO/SB/17 (10-02)
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FEE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision</i>		Complete if Known		
		Application / Conf. No.	10/082,490 / 3728	
		Filing Date	February 22, 2002	
		First Named Inventor	Warren E. Cory	
		Examiner Name	Freshteh N. Aghdam	
		Art Unit	2631	
TOTAL AMOUNT OF PAYMENT	(\$)	500.00	Attorney Docket No.	X-1054 US

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees, any additional fees required, and credit any over payments to: <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 24-0040 Deposit Account Name: XILINX, INC.		3. ADDITIONAL FEES Large Entity Fee Code (\$)	
FEE CALCULATION		Fee Description	
1. BASIC FILING FEE		Fee Paid	
Large Entity			
Fee Code	Fee (\$)	Fee Description	Fee
1001	770	Utility filing fee	
1002	330	Design filing fee	
1003	510	Plant filing fee	
1004	790	Reissue filing fee	
105	160	Provisional filing fee	
SUBTOTAL (1)		(\$)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	-20** =	Extra	Fee from below
Indep. Claims	- 3** =	X	Fee Paid
Multiple Dependent Claims		X	
**or number previously paid, if greater; For Reissues, see below			
Large Entity			
Fee Code	Fee (\$)	Fee Description	
1202	18	Claims in excess of 20	
1201	86	Independent claims in excess of 3	
1203	290	Multiple dependent claim, if not paid	
1204	86	**Reissue independent claims over original patent	
1205	18	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		500.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Justin Liu	Registration No. (Attorney/Agent)	51,959
Signature		Telephone	408-879-4641
		Date	03-09-2006

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